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|-----------------------------|-------------------------|--------------|------------------------|---------------------|
| SERIAL NUMBER 09/115,131 | FILING DATE 07/14/98 | CLASS 361 | GROUP ART UNIT 2835 | ATTORNEY DOCKET NO. |
|-----------------------------|-------------------------|--------------|------------------------|---------------------|

APPLICANT KENNETH MEADE LAKIN, REDMOND, OR; RALPH EDWARD ROSE, BEND, OR;
KEVIN THOMAS MCCARRON, BEND, OR.

****CONTINUING DOMESTIC DATA*******

VERIFIED

JOBN

NONE

****371 (NAT'L STAGE) DATA*******

VERIFIED

JOBN

NONE

****FOREIGN APPLICATIONS*******

VERIFIED

JOBN

NONE

***** SMALL ENTITY *****

| | | | | | | |
|---|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY OR | SHEETS DRAWING 3 | TOTAL CLAIMS 12 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged | <u>JOBN</u> Examiner's Initials | Initials | | | | |

ADDRESS G JOSEPH BUCK
3868 CARSON STREET
SUITE 315
TORRANCE CA 90503

TITLE CHIP-SCALE ELECTRONIC COMPONENT PACKAGE

| | | |
|-------------------------------------|---|---|
| FILING FEE RECEIVED \$395 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------------|---|---|